GUIDELINES AND REQUIREMENTS
PUBLIC HEALTH PRIORITY FUNDING
ELIGIBLE ACTIVITIES - CY 2006

A. Public Health Infrastructure

1. Public Health Emergency Notification System (NJLINCS Health Alert Network)

State Contacts:

Laurie Pyrch, NJLINCS Manager, Division of Local Public Health Practice and Regional Systems Development - (609) 292-4993

Ross Ninger, Health Alert Network Coordinator, Division of Local Public Health Practice and Regional Systems Development - (609) 292-4993

The NJDHSS Public Health Emergency Notification System (NJLINCS Health Alert Network) is a priority activity. **ALL local health departments receiving PHPF must use funds to support the public health emergency notification system or provide assurances that these activities are covered by local funds.**

A. As a priority for CY 2006, all local health departments, including LINCS agencies, are to ensure that all key staff are equipped with personal computers and have workstation access to the Internet and LINCS Internet e-mail at their individual workstations/desks.

1. Key staff include individuals serving in the capacity or having the responsibilities of health officer, back up or assistant health officer, public health nursing director/coordinator, environmental health director/coordinator, public health emergency response director/coordinator, and health education director/coordinator. Public health emergency response and on-call personnel shall have 24 hour/7 days per week access to the Internet and Internet/LINCS e-mail (shared laptop computers may be purchased for this purpose).

2. All the health officers of local health departments are to participate in the NJLINCS Communications Network by acquiring a LINCS e-mail address ("user name"@njlincs.net) from the New Jersey Institute of Technology (NJIT) LINCS Helpdesk (helpdesk@njlincs.net), and accessing and reading email at least once daily.

B. Additionally, **all** local health departments, in cooperation with their county LINCS agency, shall continue to assist in the continuing enhancement of a countywide Community Health Alert and Information Network (CHAIN) by providing updates of contact information for community level organizations in their jurisdiction.

1. Participating community-level organizations are to include fire, police, EMS, hospital infectious disease staff, medical directors, physicians and primary care providers, emergency rooms, clinical laboratories, 911 communications centers, health clinics, schools, private voluntary organizations, nursing homes, assisted living facilities, long term care facilities, pharmacies, veterinarians, animal control officers, and other governmental and non-governmental organizations and other entities, as requested.

2. Local Health departments other than LINCS agencies are to assist their county LINCS agency in determining contact names and numbers (office phone, answering service phone, e-mail, pager, cell phone, and fax) for each. **Local health departments** (other than LINCS agencies) **must compile and submit an updated directory of contacts to their county LINCS agency** for inclusion in a countywide Community Health and Information Network (CHAIN) system at least once annually.

3. County LINCS agencies are required to lead the development and maintenance of a CHAIN for their jurisdiction. Updated directories received from other health departments are to be incorporated into the CHAIN system at least once annually, and tested in accordance with all NJDHSS policies and protocols. City LINCS agencies are solely responsible for the development and maintenance of a CHAIN for their jurisdiction as described in this section. LINCS agencies may use PHPF to fund personnel costs (salary and fringe benefits) to develop, maintain, and use the CHAIN systems.

C. All local health departments may use PHPF funds to purchase hardware and software (see specifications below), telecommunications services, and access to the Internet/World Wide Web. Allowable expenses include monthly charges associated with telecommunication services, Internet Service Provider (ISP) services and email access to meet required activities.

MINIMUM COMPUTER HARDWARE AND SOFTWARE SPECIFICATIONS

Hardware: Intel Pentium 4 - 2.60 GHz Processor with 800MHz front side bus, 512 MB RAM, 40 GB Hard Drive, CD-RW/DVD Combo Drive, Integrated Video or Video Card with 32MB RAM, Sound Blaster Compatible Sound Card (or integrated sound blaster compatible), Modem, 3 ½" Floppy drive, 10/100 Network Adapter, USB 2.0 ports, keyboard, optical mouse, surge suppressor, 17" monitor.

Software: Windows 2000 Professional or Windows XP Professional operating system, Microsoft Office 2000 Professional or Office XP Professional, Virus Protection (McAfee or Norton), Adobe Acrobat Reader version 6, Windows Media Player 9, Roxio Easy CD/DVD Creator version 6 (or equivalent).

2. Workforce Training and Education

State Contact:
Parvin Ahmed-Khanlou, PhD, CHES, Manager, Workforce Development Program, Division of Local Health Practice and Regional Systems Development – (609) 292-4993

Workforce training and education is also a priority activity. **ALL local health departments must direct PHPF for this activity unless documentation is provided which demonstrates that funds are allocated in local budgets sufficient to support training and education for ALL public health professionals employed.**

A. All public health professional staff are required to enroll and be an active participant in the NJ Learning Management Network (NJLMN) for the purpose of accessing education and training opportunities, course registration, personal record keeping and training transcripts, and licensure (for Health Officers and Registered Environmental Health Specialists). To enroll go to https://njlmn.rutgers.edu and click on "Create New Account".

B. Training and education should increase or expand the public health professional's knowledge and skills in areas that strengthen competencies to provide the ten Essential Public Health Responsibilities (see Attachment A), as well as in leadership and organizational management.

C. Professional staff is to be provided a variety of educational opportunities above and beyond those offered as department in-service programs. Attendance at state and national conferences, university and professional organization courses, etc is to be supported.

D. Additionally, local health departments are strongly encouraged to participate in distance learning opportunities including satellite down link and web-based training and education.

1. Continued for CY 2006:

   a. PHPF funds may be used to acquire satellite down link equipment provided that the local health department agrees to participate in the New Jersey Distance Learning Network by serving as a regional down link site, continuing education course sponsor, and provide access to a minimum of ten (10) additional participants from other local health departments.

   b. All local health department staff are required to be trained in cultural competencies and diversities. PHPF funds are to be used to support this training unless other resources are available.

3. Local Public Health Systems Development

State Contact:

Natalie Pawlenko, Performance Improvement and Development Program Manager, Division of Local Public Health Practice and Regional Systems Development - (609) 292-4993

In accordance with *Public Health Practice Standards of Performance for Local Boards of Health in New Jersey*, *N.J.A.C.* 8:52, all local health departments are required to complete certain activities that ensure the satisfactory implementation of those standards within their respective jurisdictions while ensuring a local public health systems approach. For CY 2006, these activities include:

1. Organizational Capacity Assessment - Assessment Protocol for Excellence in Public Health (APEXPH) and Improvement Planning

Organization Capacity Assessment includes those activities conducted using the NJ Enhanced APEXPH assessment instrument and process to assess, enhance, and improve the local health department's (LHD) ability to assist the community in achieving locally relevant health improvement goals. The process assists LHDs in determining its capacity strength's and weaknesses, and in creating a practical organizational improvement action plan, including setting priorities for correcting perceived weaknesses. In 2004, all local health departments were required to complete the Enhanced APEXPH with the assistance of contract consultants provided by the NJDHSS. The results of each LHD's APEX assessment have been collected by the consultants, analyzed, summarized, and distributed to each LHD, along with aggregated results for the county and statewide, for review and consideration in the formation of a countywide local public health system. For those LHDs that did not complete the NJ Enhanced APEX assessment in 2004-2005, PHPF funds are to be used to complete the assessment and implement an improvement plan as described above. PHPF funding is to be used to support the local health department's implementation of an improvement action plan that addresses the results of the APEXPH assessment – the improvement activities to be addressed in the LHD's jurisdiction shall be based upon the collective review of the GPHP so that all improvements undertaken are a factor of the LHD's role in the local public health system as opposed to being an independent entity.

2. Board of Health Performance Assessment - National Public Health Performance Standards, Local Public Health Governance Performance Assessment Instrument

The Local Public Health Governance Assessment Instrument, developed by CDC and other national partners, focuses on the governing body, i.e., local board of health, which is ultimately responsible for public health at the local/community level. The goal of the assessment instrument is to promote continuous quality improvement of local boards of health with regard to their role in supporting the delivery of or access to public health services. In 2004, all local boards of health (BOH) were expected to complete the Governance Assessment Instrument with the assistance of contract consultants provided by the NJDHSS. The results of each BOH's assessment are to be considered in the formation of a countywide local public health system. For CY2006, unless local funding

has been provided, PHPF funding is to be used to support the BOH's implementation of an improvement action plan that addresses the results of the Governance Assessment – the improvement activities to be addressed by the BOH shall be based upon the collective review of the GPHP so that all improvements/actions undertaken are a factor of the BOH's role in the local public health system as opposed to being an independent entity. Funds may also be pooled and used to support the shared role of municipalities in addressing local board requirements through the formation of a Regional Health Commission or county board of health. For these local boards of health that did not complete the Governance Performance Assessment, PHPF may be used for this purpose.

3. Community Health Assessment and Planning, Mobilizing for Action through Planning and Partnerships (MAPP)

Mobilizing for Action through Planning and Partnerships (MAPP) is a systematic, community-wide strategic planning tool for identifying health problems and improving community health. Through this process communities determine and prioritize public health issues and identify and direct resources for addressing those issues. New Jersey has adopted MAPP as the community health assessment and planning tool/process that shall be employed within each county. By early Fall 2004, each LINCS Agency, with the assistance of their Public Health Partnership Coordinator and in cooperation with the county GPHP, was to have identified, inventoried, invited and convened key public healthcare stakeholders as a Community Public Health Partnership. By the end of 2004, each Partnership should have completed the Organizing for Success/Partnership Development Phase and the Visioning Phase of MAPP by the spring of 2005. In the summer of 2005, additional supplementary funding was provided through the LINCS Core Capacity Infrastructure Grant that was to have supported the completion of the Four (4) MAPP Assessments. The Community Partnership is now to serve as the vehicle by which the MAPP process is guided and a Community Health Improvement Plan (CHIP) is developed by February 2007. For 2006, unless local funds are provided, LHDs in their respective county are to use PHPF to support the completion of MAPP and the development and publication of the countywide Community Health Improvement Plan (CHIP). Funds may be used to acquire planning consultant services (above and beyond the resources provided by the LINCS planner and epidemiologist), to conduct Partnership Committee sessions and regular meetings, to conduct health data research and analysis, and to conduct, analyze and compile the results of each of the assessments which support the prioritization of health issues and development of a CHIP. It is expected that all local health departments will pool a sufficient portion of their PHPF for this purpose, unless other funds are available.

B. Epidemiology and Disease Prevention/Control

1. Reportable Disease

Infectious and Zoönotic Disease

State Contact:

Joseph Aiello, Program Manager, Infectious and Zoönotic Disease Program - (609) 588-7500 or (609) 588-3121

Activities to be funded for Infectious and Zoönotic Disease Program are outlined in *Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, N.J.A.C.* 8:52, *Appendix: Programmatic Guidelines for Best Practices.* They include surveillance, investigation, and control of reportable communicable diseases, dissemination and exchange of information relative to outbreaks of communicable disease, and analysis of data for effective program planning.

2. Tuberculosis

State Contact:
Thomas Privett, Program Manager, Tuberculosis Program - (609) 588-7522

The activities to be funded for tuberculosis control are outlined in *Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, N.J.A.C.* 8:52, *Appendix: Programmatic Guidelines for Best Practices;* however, the following activities are listed in priority order:

1. Treatment and continuing medical supervision of suspected and diagnosed cases of TB, including Directly Observed Therapy (DOT);
2. Identification and examination of contacts and completion of their treatment for latent TB infection (formerly called preventive therapy) using Directly Observed Preventive Therapy (DOT) as necessary; and
3. Provision and completion of treatment for latent TB infection for other high risk reactors, *i.e.,* those having dual HIV/TB infection, Mantoux TB test converters, children under 5 years of age.

3. Sexually Transmitted Diseases

State Contact:
Jerry Carolina, Jr., Program Manager, Sexually Transmitted Diseases - (609) 588-7526

Activities to be funded for Sexually Transmitted Diseases include provision of medical service, STD case reporting, counseling, interview and investigation, partner referral, public education, and analysis of data for effective program planning.

4. Older Adult Immunizations (Influenza and Pneumococcal)

State Contacts:
Katherine Wytovich, Chief, Vaccine Preventable Disease - (609) 588-7512
Sue Lachenmayr, Division of Aging and Community Services – (609) 292-9152
Martin T. Zanna, MD, MPH, Medical Consultant, Office of Planning and Development - (609) 584-4966

PRO Contact:
Cari Miller, Project Coordinator, the PRONJ - (732) 238-5570 ext. 2043

This will be the 10th year that the Department of Health and Senior Services has participated in a Statewide Older Adult Immunization campaign. Over the years, the Department has collaborated with organizations such as the PRO NJ, public health agencies, community-based organizations, visiting nurse agencies, the medical community, long term care facilities, and hospitals. The campaign focuses on multiple strategies to boost influenza and pneumococcal immunization rates in New Jersey. The program was originally launched in response to New Jersey's low performance in achieving the *Healthy People 2000* objectives to vaccinate 60 percent of community dwelling elderly for these important vaccinations. For *Health People 2010*, the national goal has been set at 90 percent.

Many local health departments have initiated activities related to improving influenza and pneumococcal immunizations in New Jersey as a result of the campaign. The Immunization Program reports that an increased number of doses of influenza and pneumococcal vaccine were purchased through last year's state vaccine contract. This is also consistent with data generated by the Division of Public Health Practice and Regional Systems Development's "Flu and Pneu" shots clinics scheduled during the fall season. This survey found the majority of the local health departments were reporting significant activities in this area. <u>In addition, local health departments are to ensure that a complete listing of immunization clinics within their jurisdiction is posted on the NJDHHS web-based listing of flu clinic schedules and locations</u>.

In 2004, 67.5 percent of New Jersey residents 65 years and older received flu shots and 64.2 percent received pneumonia shots. With improvement, New Jersey now is closely approximating the median of the State averages for both categories. Examples of activities related to older adult immunizations local health departments may wish to consider include:

1. Conduct or arrange for older adult immunization clinics in communities served;

2. Partner with other agencies, including providers of aging services, to coordinate and increase older adult immunization rates;

3. Provide public education and information related to older adult immunizations; including posting and maintenance of all clinic schedules on the NJDHSS "Flu Clinic" website; and

4. Develop special strategies to deliver older adult immunization services to minority populations which show much lower immunization rates for both influenza and pneumococcus than the general population, and isolated populations where access is a barrier to receiving services.

5. Childhood Immunizations

State Contact:

Katherine Wytovich, Chief, Vaccine Preventable Disease - (609) 588-7512

The activities to be funding regarding immunization are outlined in *Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, N.J.A.C.* 8:52, *Appendix: Programmatic Guidelines for Best Practice*. The following activities are listed in priority order:

l. Perform disease surveillance, obtain serology specimens for lab testing, perform investigations, achieve rapid prophylaxis of contacts;

2. Perform community-based outbreak control activities;

3. Perform, as specified by the Immunization Program guidelines and priorities, audits preschools/day care centers K-1 entry for Chapter 14 compliance and enforcement; provide in-service training to these institutions;

4. Vaccinate those falling through "cracks", e.g., those in transition between insurers, uninsured, underinsured, undocumented aliens and conduct outbreak clinics, and special walk-in school-age vaccination clinics, as necessary;

5. Perform community health assessments - initiate locally based public health education and interventions;

6. Ensure or perform outreach so that children have a medical home and receive recommended well-care child care/immunizations utilizing Immunization Registry data which is locally focused; and

7. Assess local, community, and neighborhood vaccine coverage levels, needs, and directing improvement efforts.

C. Public Health Administration

1. Health Promotion/Education

Health promotion activities include assessment of community health education needs and the identification of target populations based upon relevant health data. Identification and involvement of community leaders in planning, implementation, and maintenance of needed

health education and collaboration with other agencies to provide those services. Provision of health education/promotion interventions which may include skill development, simulation, peer group discussion, behavior modification, lectures, media events, programmed learning, and individual instruction. Evaluation and assessment of the degree of success in achieving health education objectives and their impact on health outcome indicators.

2. Public Health Advocacy

A recent Harris poll revealed that only 1 percent of those persons polled knew what public health is and how it benefits the public. The public health community needs to do a better job of educating the public about its roles, responsibilities, and value. PHPF may be used to market or advertise public health as an essential public service and to increase public knowledge and understanding of local health department core functions and activities.
Public Health Advocacy activities include development and distribution of educational materials about public health which list and explain how local health departments protect and preserve health and prevent illness. LHDs may plan and conduct town meetings to present and discuss public health services; organize an invitational affair with policymakers to promote public health; advertise the value of public health through a series of public service announcements through various media. Funds may be used for staff or consultant services to develop and implement advocacy-building strategies and to support the development of events or materials, their conduct and distribution.

D. Environmental/Occupational Health

1. Environmental Sanitation/Safety

State Contact:
James A. Brownlee, MPH, Director, Consumer and Environmental Health Services - (609) 588-3120

Environmental sanitation and safety activities include those set forth at *Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, N.J.A.C.* 8:52, *Appendix: Programmatic Guidelines for Best Practices, viz.,* recreational bathing, campgrounds, food surveillance, public health nuisances.

2. Occupational Health

State Contact:
Gary Ludwig, Director, Occupational Health Service - (609) 984-1843

Activities related to Occupational Health include those set forth at *Public Health Practice Standards of Performance for Local Boards of Health in new Jersey, N.J.A.C.* 8:52, *Appendix: Programmatic Guidelines for Best Practices.* Additional activities include:

1. Consultation to Public Agencies Regarding Occupational Health Concerns

Local health departments could assist public agencies in providing a safe and healthful work environment for public employees by providing technical assistance, consultation, and training. Some examples of how local health departments could impact occupational health are provided below.

More than fifty percent of the complaints received by the NJDHSS PEOSH Program involve Indoor Air Quality (IAQ). Many of these IAQ problems could be resolved by the public agencies if they had technical assistance, consultation, or training from local health departments regarding IAQ.

Local health departments could offer employee training to assist public employers in maintaining compliance with PEOSH standards and to ensure the health and safety of

employees. For example, some local health departments offer bloodborne pathogens training which is required by the PEOSH Bloodborne Pathogens Standard.

We are prepared to fund and collaborate with local health departments that are interested in gaining more occupation health expertise and providing technical information, consultation, and training to public agencies located within the geographic jurisdiction of the local health department. Proposals can be submitted to fund the following related activities:

- Salary and fringe for staff to conduct occupational health related activities
- Training for staff on occupational health topics
- Purchasing of technical equipment needed to conduct IAQ assessments at public agencies, and occupational health topics

2. Consultation Regarding Occupational Health Problems

The Occupational Health Surveillance Program receives more than 800 telephone calls each year requesting information and consultation regarding occupational health issues. These calls are primarily from private sector employees and small business employers. We are prepared to fund and collaborate with local health departments that are interested in gaining more expertise in the area of occupational health and providing consultation and educational materials in response to requests received from employers, employees, and the public located in the geographical area of jurisdiction of the local health department. Proposals can be submitted to fund the following related activities:

- Salary and fringe for staff to provide consultation regarding occupational health issues
- Training for staff on occupational health topics
- Purchasing of technical materials and educational materials on occupational health topics

3. Compliance and Consultation to Public Agencies and Private Employers Regarding Worker Right to Know Act Requirements

Under the *Worker and Community Right to Know Act*, public agencies are required to complete an annual Right to Know Survey of the hazardous substances present at their facilities. Both public and private employers are required to label all containers in their workplace with ingredient information. In many cases, public employers are contracting with private consultants to prepare their surveys and label their containers. We are proposing to fund and collaborate with local health departments that are interested in gaining more expertise regarding RTK mandated activities, completing RTK surveys for themselves and other public employers, and providing both public and private employers with consultation regarding container labeling and obtaining Material Safety Data Sheets located within the geographic jurisdiction of the local health department. Proposals can be submitted to fund the following related activities:

- Salary and fringe for staff to conduct RTK compliance activities for the county or municipality in the areas of survey completion, container labeling, and acquisition of Material Safety Data Sheets
- Training for staff on RTK requirements and hazardous chemicals
- Purchasing and printing of RTK educational materials

E. Older Adult Health

1. Health and Wellness

State Contacts:

Gerry Mackenzie, Division of Senior Affairs - (609) 943-3999
Sue Lachenmayr, Division of Aging and Community Services - (609) 292-9152

The goal of public health in aging is to extend health, functional independence, and health-related quality of life for as long as possible. Life expectancy has increased dramatically, from 47 years in 1900 to nearly 77 years in 2000. Since 1900 the number of people in America aged 65 or older has increased 11-fold, from more than three million to nearly 35 million. By 2030 the number of older Americans will have more than doubled to 70 million, or one in every five Americans. The rapidly growing aging population, together with projections of continued increases in life expectancy and an increasingly diverse aging population, underscores the critical need to assist individuals to practice healthy behaviors and minimize the limitations of chronic disease. Effective health promotion strategies are multidimensional and should be designed to help older adults avoid disease, engage with life, and maintain high cognitive and physical function. Poor health is not an inevitable part of aging.

Health lifestyles are more influential than genetic factors in helping older people avoid the deterioration traditionally associated with aging. People who are physically active, eat a healthy diet, do not use tobacco products, and practice other health behaviors reduce their risk for chronic disease. They also have half the rate of disability of those who do not practice healthy behaviors.
In developing model wellness programs, local health departments are encouraged to partner with county offices on aging and other providers on aging services to implement programs to best meet identified needs of older adults in their respective communities. Local health departments are also encouraged to identify and replicate successful evidence-based health promotion programs.

Model older adult health promotion programs should:

- Encourages healthy behaviors through risk factor interventions such as:
    - Nutrition and weight management
    - Medication management
    - Physical activity
    - Smoking cessation
    - Substance abuse intervention
    - Fall and fracture prevention
    - Other injury and violence prevention

- Encourages expansion of preventive services and health screenings to meet the challenges of reducing the leading causes of death in older adults such as heart disease, cancer, and diabetes and assuring optimal receipt of adult immunizations. Only one in nine older adults are up to date on recommended clinical preventive services.

- Addresses other major causes of disease and dysfunction in older adults such as Alzheimer's disease, depression or other mental health concerns, osteoporosis, injuries, and arthritis.

- Targets public education campaigns to older adults with priority given to aging-related health issues.

- Foster improved health literacy to improve older adult health status and increase service utilization. Nationally, two-thirds of adults age 60 and older have inadequate or marginal literacy skills, and 81 percent of patients age 60 and older are unable to read or understand basic medical information such as prescription labels. While low health literacy affects people of all races, ethnic backgrounds, income levels, and age, it is more prevalent among older adults and those with limited proficiency in English.

Examples of Model Evidence-Based Programs Available in New Jersey:

- **Project Health Bones** is a weight-bearing exercise program for older adults with or at risk for osteoporosis. The program includes exercises that target the body's larger muscle groups to improve strength, balance, and flexibility. The 24-week curriculum also has an interactive educational component on the importance of exercise, nutrition, safety, drug therapy, and lifestyle factors that relate to osteoporosis. The program is peer-led. Minimal program fees may be charged to cover cost of weights and program manual.

Project Healthy Bones began in 1997 and is available at community-based sites Statewide. Lead Coordinators from local health departments, county offices on aging, and other community organizations coordinate the program at the local level and oversee the delivery *Project Healthy Bones* classes, recruit and train leaders, enroll participants, provide oversight to peer leaders, and ensure that classes are delivered in accordance with *Project Healthy Bones* protocol.

- **Arthritis Quality of Life Programs (ASHC – Arthritis Self-Help Course, PACE – People with Arthritis Can Exercise, AFAP – Arthritis Foundation Aquatic Program, and T'ai Chi for People with Arthritis)** are physical activity and disease management programs led by leaders trained by the two regional arthritis centers (RACs) and the New Jersey Chapter of the Arthritis Foundation. Regional trainings are held to certify leaders. Programs are delivered through local health departments, community and senior centers, senior housing, health and fitness centers, and community organizations.

- **Live Long, Live Well Statewide Walking Program** for New Jersey adults age 50+ increases physical activity and reduces the risk of chronic disease. To date, over 2,000 NJ older adults have logged in 626,182 miles in 17 of the State's 21 counties. The program provides logbooks, walking tips, benefits of physical activity, maps and existing walking clubs. Incentives are provided to encourage older adults to reach a level of physical activity of at least one mile per day. A webpage, accessible on the NJDHSS website, tracks older adult activity through quarterly reporting of the miles walked by participants in each county. Community walking kits, available to local health departments, offices on aging, and other community partners, include the following: walking tips, benefits of physical activity, existing walking clubs, publicity posters/flyers, and a mileage tally sheet. These materials can be reproduced by local agencies for distribution.

- **Your Heart, Your Life Cardiovascular Nutrition and Exercise Program for Older Latinos.** The *Your Heart, Your Life* curriculum, taught by bilingual peer leaders, was developed by the National Hearth, Lung and Blood Institute (NHLBI) and is available on the NHLBI website in English and Spanish. Sessions include a short physical activity component, games and activities, and education about risk for heart disease, steps to prevent high blood pressure, reducing fat and cholesterol, watching your weight, and choosing heart-healthy foods. Optional activities include: screenings for blood pressure, cholesterol, blood glucose, weight and BMI: visits to a local supermarket; and a potluck dinner. Participants enjoy exercising to music and participating in the preparation of food and testing recipes. They like the personal screenings, which include weight, BMI, and blood pressure. Hands-on activities and games work well for learning. The Program provides an opportunity to link Latinos to other public health and aging programs and activities.

Local health departments are encouraged to establish networks and partnerships to improve communication about disease prevention and health promotion issues in their communities. In addition, such initiatives seek to identify and coordinate available resources to support chronic disease prevention, self-management, and health promotion services, and share successful intervention strategies with others.

References:

Healthy Aging: Preventing Disease and Improving Quality of Life Among Older Americans, 2002, CDC.

The Aging States Project: Promoting Opportunities for Collaboration Between the Public Health and Aging Service Networks. Chronic Disease Directors/National Association of State Units on Aging, 2003.

State Health Departments & State Aging Agencies Working Together, CDC

Unrealized Prevention Opportunities: Reducing the Health and Economic Burden of Chronic Disease, CDC, March, l997.

2. Injury Control

State Contacts:

Gerry Mackenzie, Division of Aging and Community Services – 609-943-3499
Deanna Gray-Miceli, Division of Aging and Community Services – (609) 633-7873
Kathleen Mackiewicz - State and Territorial Health Officers Injury Prevention Director's Association Representative (STIPDA) - (609) 777-7738

Fall prevention and injury reduction are national and Statewide targeted goals for older adults as identified in *Healthy People 2010* and *New Jersey Health People 2010*. Local and state health departments share equally in realizing this imperative. There are many activities local health departments can include which reflect evidence-based national prevention recommendations and guidelines as set forth by The World Health Report, Centers for Medicare and Medicaid Services, and national professional organizations such as the American Geriatrics Society (*Guidelines for Fall Prevention in Older Adults*, 2001). All of these recommendations recognize the multi-factorial causes and interventions necessary to prevent falls in the elderly.
In the past, fall prevention activities included in older adult injury programs have mainly focused on environmental hazards. While this is critical, programs developed for fall prevention must go beyond environmental safety recommendations to incorporate the many other causes of falls, *viz.,* medications, underlying diseases, and risk taking behaviors placing one at greater risk to fall.

More than one-third of adults age 65 years and older fall each year and about 30- percent of those individuals suffer injuries that can decrease mobility and independence. In New Jersey, deaths from falls are the second leading cause of unintentional injury deaths among the elderly, after motor vehicle accidents. Of all deaths of New Jerseyans from falls, about 70 percent occur among persons 65 years and older, with the population 85 years and over experiencing the greatest impact. Of all non-fatal injuries, hip fracture is the most serious for older adults. In New Jersey there are about 8,000 hip fractures in individuals 65 years and older annually, a number which is expected to grow as the population ages. People with osteoporosis are at increased risk for hip fracture.

Department-wide efforts through the Office of Planning and Development and the Division of Aging and Community Services include many fall prevention initiatives. An example of model evidence-based information available to older adult consumers include *Preventing Falls in Older Adults: An Educational Series Tool Kit.*

A well-designed injury prevention program uses community-specific injury data and assessment information to define the injury problem as well as corresponding measurable goals.

A summary of evidence-based activities that local health departments may wish to consider in the area of injury control include:

1. Performing community assessments of high risk situations in the environment (curbs, walk-ways, steps);
2. Seeking consultation from fall consultants at the State Department of Health and Senior Services to identify community-based strategies for fall prevention;
3. Development of fall prevention programs that include evidence-based state-of-the-science fall prevention interventions;
4. Identifying mechanisms to foster early reporting and detection of falls at home and in the community;
5. Partnering with the NJ Interagency Council on Osteoporosis and/or the NJDHSS' fall consultant to provide consumer health education (brochures, seminars, and programs) related to fall reduction and injury prevention;
6. Performing home assessments related to fall prevention;
7. Partnering with the Interagency Council of Osteoporosis and community sites to provide *Project Healthy Bones* classes for people with or at risk of osteoporosis to reduce falls and improve balance.

References:

Healthy New Jersey 2010, An Agenda for the First Decade of the New Millennium, New Jersey Department of Health and Senior Services, 1999.

The Cost of Osteoporosis in New Jersey: Projections for 2000 – 2005, Burge *et al.*, Procter and Gamble Pharm., 2001.

Health People 2010, US Department of Health and Human Services, Washington, DC: January 2000. www.health.gov/healthypeople.

American Geriatrics Society, British Geriatrics Society, and American Academy of Orthopedic Surgeons Panel on Falls Prevention. *Guideline for the Prevention of Falls in Older Persons. J. Am. Geriatric. Soc.* 2001; 49:664-672.

World Health Organization, Europe. *What Are the Main Risk Factors for Falls Amongst Older People and What are the Most Effective Interventions to Prevent these Falls?* 2004.

Falls Prevention Interventions in the Medicare Population: An Evidence Report and Evidence-Based Recommendations (1993 –2003). RAND, US Department of Health and Human Services Centers for Medicare and Medicaid Services, Baltimore, MD.

3. NJ Ease (Easy Access Single Entry) Linkage

State Contacts:

Barbara Fuller, MSW, Program Manager - (609) 943-3463
Mary Casey O'Connor, MSW, Supervisor of Care Coordination - (609) 943-3459
Jack Ryan, MSW, Supervisor of Training and Research - (609) 943-3462

New Jersey has taken fundamental steps to expand home and community services and long-term care options for seniors. Through the New Jersey EASE initiative, originally funded by the RWJ Foundation under the auspices of the Governor's office, seniors and those who care for them are able to call one nationwide toll-free number to connect with their county office on aging. Through this number (1-877-222-3737) they can receive information and benefits, screening services, a full assessment of their needs, and ongoing case management. A central goal is to assist seniors in finding affordable non-institutional care options.

New Jersey EASE reorganized county senior service networks to provide consumers with services that are more accessible, responsive, and appropriate to their needs. Each county has redesigned its system in order to provide core services i.e., information and assistance, benefits screening, outreach, comprehensive assessment, care planning and care management. The use of a standardized tool, state training for all staff, and the development of protocols assure statewide consistency in the delivery of high quality, cost-effective services. More detailed information is contained on the DHSS web page.

Local health departments are encouraged to become **active partners** with NJ EASE. Examples of activities that will bring about meaningful linkage include:

- Pooling of resources to support one or more of the service components of New Jersey EASE;
- Participating in the development of technology links with NJ EASE;
- Collaborating with New Jersey EASE to produce a comprehensive community calendar of all health promotion/prevention/wellness events; and
- Planning joint health promotion/prevention/wellness initiatives.

Questions about your county New Jersey EASE agency should be directed to Barbara Fuller at the above number.

F. Maternal and Child Health

1. Childhood Lead Poisoning

State Contacts:
Sylvia Dellas, Child Health Coordinator, Child & Adolescent Health Program - (609) 292-5666

Funds allocated to this activity can be used to support:

1. Assure that all children are appropriately screened for lead poisoning in accordance with N.J.A.C. 8:15A, through direct provision of screening and/or collaboration with primary care providers.

2. Include lead screening in the audits of child immunization records at licensed child care facilities.

3. Conduct environmental investigations to identify and remediate lead hazards, including investigations undertaken in compliance with Chapter XIII of the NJ State Sanitary Code;

4. Conduct case management and home visits by public health nurses for children with elevated blood lead; and

5. Provide educational activities designed to inform the community about the dangers of lead poisoning in children and to assist them in identifying and properly removing lead hazards.

2. NJ FamilyCare Education/Outreach

State Contact:
Renee Roberson, Outreach Coordinator, (609) 278-4069, (800) 701-0710

In December l997, the New Jersey Legislature established NJ KidCare, a health care insurance program for low-income children. NJ KidCare became NJ FamilyCare in 2001 and includes the expansion of eligibility for the Medicaid program and a new program of subsidized health insurance for children and their parents in families with incomes below 350 percent of the federal poverty level, but who don't qualify for Medicaid. All local health department child health programs must have in place a protocol to inform the parents of all children receiving services about the availability of health insurance coverage if they are potentially eligible. These funds may also be used for community-wide public information and outreach activities to recruit eligible families to enroll in FamilyCare.

3. Improved Pregnancy Outcome

State Contact:
Sandra Schwartz, Child and Community Health Services Unit, Division of Maternal, Child and Community Services - (609) 292-5666

Activities in this area should be designed to implement the *Babies and You* model. *Babies and You* is a prenatal health promotion program designed to address maternal-infant health outcomes *i.e.,* decrease infant mortality rate and percent of low-birth weight infants and get pregnant women into prenatal care early and with recommended periodicity of follow-up visits. Originally developed by the March of Dimes as a workplace health promotion package, local health department can be a vital resource in activity promoting this important program in the community to higher risk populations. The program content is such that it can be one-on-one in a home visit setting, or incorporated with other service provision within the health department setting, in small or large group settings in the community where people already are, such as, WIC clinics, homeless shelters, detention centers, parent and staff of local child care centers and HeadStart programs, schools, and a variety of other settings specific to each needs and nature of the community.

4. Adolescent Health

State Contact:
Cynthia Collins, Program Manager, School and Adolescent - (609) 984-1384

Funds may be used to support health promotion, disease prevention, maintenance of positive health habits and the reduction of risk taking behaviors targeted to adolescents. Priority health issues include prevention of intentional and unintentional injuries (violence and suicide), smoking, prevention of adolescent pregnancy and sexually transmitted disease, lack of physical activity, substance abuse and adolescent parenting skills. Such activities should be carried out in the context of a local partnership/coalition of health care providers and community based agencies that provide services to adolescents. Funds may be used to create, coordinate or sustain such partnerships/coalitions.

5. Child Care Provider Health Consultation

State Contact:
Judith Hall, MS, RN, CS, Public Health Consultant, Nursing, Child Health Program - (609) 292-5666

Funds can be used to support health consultation services and technical assistance by public health nurses to child care providers. These services include:

1. Assessment of health and safety risks in child care settings and assistance in the development of appropriate policies and procedures to address the identified hazards;

2. Assessment of the adequacy of access and utilization of primary health care services for all children enrolled in child care, including information about the completion of the Universal Chile Health Care Record (CH-14) and issues of health insurance coverage, *e.g.,* New Jersey FamilyCare eligibility, and the provision of necessary consumer education essential for parent choice;

3. Assessment of age-appropriate immunization and preventive health screenings, including linkages with local primary care providers and community resources to assure adequacy and provision of necessary services;

4. Coordination, provision, and/or arrangement for needs-based health, nutrition and safety education for child care staff, children, and families;

5. Review of existing health and safety policies and assistance with revision of such policies on an annual or as-needed basis;

6. Assist child care providers to develop systems and tracking for self-assessment/evaluation to assure consistency in a positive, on-going, healthy and safe environment for child care and early learning;

7. Provision or arrangement for education, training, and support to meet emotional, social and physical needs of all enrolled children, including those children with special needs; and

8. Provision of education, training, and support about the prevention, identification, and plan of action necessary to deal with common communicable diseases encountered in childcare settings.

6. Preventive Oriented Services for Child Health (using POrSCHe model)

State Contact:
Anne Fox, Public Health Consultant, Nursing, Child & Adolescent Health - (609) 292-5666

Counties or municipalities that currently are participating in the development of the Preventive Oriented System for Child Health (POrSCHe) nurse home visiting model may apply for funds to

support staffing program development needs not covered by existing grants. These applications must be reviewed by the Child Health Coordinator in the Child and Adolescent Health Program before approval by the Office of Local Health will be given. The following are the funded POrSCHe projects:

(1) Burlington County Health Department
(2) Camden County Department of Health & Human Services
(3) Essex County, Irvington Department of Health & Welfare
(4) Gloucester County Health Department
(5) Hudson County, Jersey City Department of Health & Human Services
(6) Mercer County, Trenton Division of Health
(7) Middlesex County Health Department
(8) Monmouth County Health Department
(9) Passaic County, Paterson Division of Health
(l0) Union County, Muhlenberg Regional Medical Center, Home Care Department
(11) Warren County Health Department

7. Infants and Preschool Children

State Contact:

Judith Hall, RN, MSN, Public Health Consultant, Nursing, Child & Adolescent Health Program, (609) 292-5666

Local health departments may continue to use PHPF to support Child Health Conference (CHC) activities for infants and preschool children **ONLY** if the CHC meets the minimum requirements and quality standards set forth below:

1. The CHC must serve a client base of 500 children annually unless justification to serve fewer children is provided to the satisfaction of the NJDHSS Child and Adolescent Health Program.

2. The CHC must meet at least monthly, and a policy must be in place to assure immunization administration by the public health nurse and/or advanced practice nurse at times other than the scheduled CHC session.

3. The CHC staff must conduct on-going screening for at least family income, insurance status, access to primary care provider, and citizenship status of the child of all clients accessing CHC services.

4. The CHC staff must participate in the enrollment of potentially eligible children in NJ FamilyCare, and to assist families with accessing health services.

5. CHC services must be provided as defined in the *Manual of Standards and Procedures for CHCs* inclusive of all service components of age-appropriate preventive health care practices, and a system in place to communicate with the child's primary care provider regarding the services provided at the CHC.

6. The local health department must be able to document that its CHC serves children who do not have access to other sources of preventive health services.

7. The local health department providing CHC services must participate in data entry into the New Jersey Immunization Information System (NJIIS) including completion of the required training and obtaining a user identification number.

G. Monitoring and Quality Assurance

NJIIS (Immunization Information System)

State Contact:

Katherine Wytovich, Chief, Vaccine Preventable Disease Program - (609) 588-7512

Questions regarding NJIIS activities should be directed to the Coordinator.

NJIIS is an electronic data and information system designed for use by health care providers and local health departments. The system is used to track required immunizations and to improve on statewide immunization rates.